

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Amen Adultcare Inc / Provider Amen n. Berhanu</b>	LICENSE NUMBER <b>753785</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p><b>Our goal is to give our residents quality medical care by our highly qualified nursing staff while providing a home like invironment. Our home is friendly and the Provider and staffs one mission is to help you and your loved ones have the best quality of life we can help you obtain.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><b>New application</b> <b>8/13/18</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p><b>Ne734 N. 204<sup>th</sup> Street Shoreline WA 98133 / 20408 Whitman Ave N. shoreline WA 98133.</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input checked="" type="checkbox"/> Other: <b>Corporation (Inc)</b></p>	

## Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Meals will be provided on the residents schedule to the best of our ability, cultural as well as medical issues will be addressed in special menu's done for each individuals choices or needs. Snacks will be provided as well. We always strive to meet the needs of each resident in our Adult Family Home.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**We do offer toileting assistance, incontinent issues are welcome, as well as catheter care, total assistance is provided.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**We have a wide variety of areas you can be assisted with your ambulatory needs, Caregiver support while ambulating, or propelling a wheelchair for you if needed.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Our residents will need to be able to transfer themselves and need to be ambulatory to access the upper part of the AFH.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**All residents who need help with positioning will receive it ,even if they need a every 2 hour turn schedule we provide health care support 24/7 and end of life care which involves frequent turning, toileting care, bed bath, sometimes tube feedings and much more.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Our AFH will provide assistance with dental hygiene, personal hygiene, hygiene issues related to incontinent care, this may be hands on assistance, or just frequent verbal encouragement to help encourage them to take care of their personal hygiene issues.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**We do laundry and help choose clothing if needed, or help with hard to do things such as small buttons or zippers, some residents may need total dressing such as an advanced dementia client or parapalegic. we will take care of all areas of dressing while providing dignity and choice in clothing to the best of our ability.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**Assistance for hard to reach areas is available, even hoyer lifts to roll in showers, end of life care can be provided bed bath care.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We will assist in making hair cut appointments, Toe nail/ fingernail care even for diabetics.**

**Medication Services**

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**All medication issues are welcomed and are administered by a nurse or delegated caregiver.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications are ordered, documented and verified by the Physician prior to administration**

**Skilled Nursing Services and Nurse Delegation**

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**Catheter Changes, Blood Sugar Monitoring and Care, Treatment care, Eye Care, we have staff than can be delegated as well as being owned and operated by RN staffing.**

The home has the ability to provide the following skilled nursing services by delegation:

**We will have staff delegated for all of the above except the catheter changes if needed. For anything that requires a nurse a visting nurse can be obtained and is usually covered by your insurance, or our own nursing staff can assist as well with appropriate physician orders.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We consider ourselves to be a full service center**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**We would be glad to schedule a meeting to discuss the specific needs of your loved one free of charge.**

**Staffing**

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- The provider lives in the home.
- A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- Registered nurse, days and times: **2-3 hours daily as needed for care and supervision/**
- Licensed practical nurse, days and times: \_\_\_\_\_

- Certified nursing assistant or long term care workers, days and times: **Fill in hours or hours when 2 staff are needed such as for escort purposes, or special events / and full time resident manager is CNA**
- Awake staff at night
- Other: **Staff or services will be provided such as in house Physicians, beauticians, Foot Doctors, Ect those arrangements will be made when your needs are identified.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Staffing will be covered with 2 persons when the needs of the residents exceed what 1 staff can do well.**

**Cultural or Language Access**

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**English**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**If for any reason we have someone with limited language due to a different culture we will make sure that that family or legal representative is available for all Care Plan meetings, and will be available to speak on their behalf on a regular basis and that the resident looking to come into our home is able to speak at least some of our 2 main languages, more detailed conversations will be handled with an intprepter to make sure all of their wishes and rights are observed and understood.**

**Medicaid**

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- The home is a private pay facility and does not accept Medicaid payments.
- The home will accept Medicaid payments under the following conditions:

**If you come in private that you remain private for at least 3 years before conversion to DSHS. All forms of payments are welcome at our AFH**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Our AFH will work in close connection with DSHS Assessment Nurses and Case Managers.**

**Activities**

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Games, walks and outdoor gatherings such as picknics and gardening for those who are able. We provide 1:1 visits for reading, writing letters, music, TV, Basic Cable TV, We like to recognize each Residents Birthday and encourage families to participate in those events as well. We are always open to suggestions and cultural games or life hobbies.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Some hobbies may want to be observed such as rock polishing, paint by number, beading, Knitting, Crocheting. Some craft items are provided for by the AFH , The ones in this paragraph are samples of the type of hobbie that the family or the patient will need to assist in the cost of, or bring a project they are working on with them.**